1505 EAST BRUNSON STREET

PRAIRIE DU CHIEN 53821 Phone: (608) 326-8471 Ownership: Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes
Number of Beds Set Up and Staffed (12/31/03): 91 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/03): 96 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/03: 71 Average Daily Census: 73

PRAIRIE HEALTH CARE CENTER

services provided to Non-Resident		Age, Gender, and Primary Di	-		_	
Home Health Care		Primary Diagnosis			l .	28.2
Supp. Home Care-Personal Care	No				1 - 4 Years	26.8
Supp. Home Care-Household Service	s No	Developmental Disabilities	2.8 Under 65	8.5	More Than 4 Years	31.0
Day Services	No	Mental Illness (Org./Psy)	15.5 65 - 74	11.3		
Respite Care	No	Mental Illness (Other)	1.4 75 - 84	35.2		85.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0 85 - 94	31.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0 95 & Over	14.1	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	4.2		Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	1.4	100.0	(12/31/03)	
Other Meals	No	Cardiovascular	45.1 65 & Over	91.5		
Transportation	No	Cerebrovascular	16.9		RNs	4.5
Referral Service	No	Diabetes	1.4 Gender	용	LPNs	17.0
Other Services	No	Respiratory	1.4		Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	9.9 Male	25.4	Aides, & Orderlies	37.8
Mentally Ill	No	1	Female	74.6		
Provide Day Programming for		I	100.0			
Developmentally Disabled	No	I	I	100.0		
	de de de de de de de	and the state of	and the standard and the standards and the standards at the standards at a standards.	ate at each ate at each ate at each at each at each	de ale de a	to also de also de also de also de also de

Method of Reimbursement

Medicare (Title 18)			edicaid itle 19		Other			Private Pay			Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	1	25.0	144	 2	3.0	119	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.2
Skilled Care	3	75.0	144	58	86.6	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	61	85.9
Intermediate				6	9.0	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	8.5
Limited Care				1	1.5	77	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		67	100.0		0	0.0		0	0.0		0	0.0		0	0.0		71	100.0

Facility ID: 7320 County: Crawford Page 2 PRAIRIE HEALTH CARE CENTER

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	or Kesidents.	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Terrod					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		85.9	14.1	71
Other Nursing Homes	1.4	Dressing	5.6		74.6	19.7	71
Acute Care Hospitals	91.3	Transferring	26.8		49.3	23.9	71
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.8		49.3	23.9	71
Rehabilitation Hospitals	0.0	Eating	45.1		32.4	22.5	71
Other Locations	1.4	******	******	*****	*****	*******	*****
otal Number of Admissions	69	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.2	Receiving Resp	iratory Care	7.0
Private Home/No Home Health	16.7	Occ/Freq. Incontiner	nt of Bladder	49.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	12.1	Occ/Freq. Incontiner	nt of Bowel	35.2	Receiving Suct	ioning	0.0
Other Nursing Homes	3.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	15.2	Mobility			Receiving Tube	Feeding	2.8
Psych. HospMR/DD Facilities	1.5	Physically Restraine	ed	46.5	Receiving Mech	anically Altered Diets	28.2
Rehabilitation Hospitals	0.0						
Other Locations	4.5	Skin Care			Other Resident C	haracteristics	
Deaths	47.0	With Pressure Sores		9.9	Have Advance D	irectives	76.1
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	66				Receiving Psyc	hoactive Drugs	56.3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************	*****	****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This No		profit	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	8	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.4	86.2	0.87	83.7	0.90	84.0	0.90	87.4	0.86
Current Residents from In-County	83.1	78.8	1.06	72.8	1.14	76.2	1.09	76.7	1.08
Admissions from In-County, Still Residing	36.2	24.5	1.48	22.7	1.60	22.2	1.63	19.6	1.84
Admissions/Average Daily Census	94.5	110.9	0.85	113.6	0.83	122.3	0.77	141.3	0.67
Discharges/Average Daily Census	90.4	116.1	0.78	115.9	0.78	124.3	0.73	142.5	0.63
Discharges To Private Residence/Average Daily Census	26.0	44.0	0.59	48.0	0.54	53.4	0.49	61.6	0.42
Residents Receiving Skilled Care	90.1	94.4	0.96	94.7	0.95	94.8	0.95	88.1	1.02
Residents Aged 65 and Older	91.5	96.1	0.95	93.1	0.98	93.5	0.98	87.8	1.04
Title 19 (Medicaid) Funded Residents	94.4	68.3	1.38	67.2	1.40	69.5	1.36	65.9	1.43
Private Pay Funded Residents	0.0	22.4	0.00	21.5	0.00	19.4	0.00	21.0	0.00
Developmentally Disabled Residents	2.8	0.6	4.87	0.7	3.93	0.6	4.45	6.5	0.43
Mentally Ill Residents	16.9	36.9	0.46	39.1	0.43	36.5	0.46	33.6	0.50
General Medical Service Residents	9.9	17.2	0.57	17.2	0.57	18.8	0.52	20.6	0.48
Impaired ADL (Mean)	50.7	48.1	1.05	46.1	1.10	46.9	1.08	49.4	1.03
Psychological Problems	56.3	57.5	0.98	58.7	0.96	58.4	0.96	57.4	0.98
Nursing Care Required (Mean)	6.0	6.8	0.88	6.7	0.89	7.2	0.84	7.3	0.82